

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90954 008 ***150.00

DOCUMENT # P97000032844

1. Entity Name
SOUTH STAR DEVELOPMENT, INC.



Principal Place of Business
7802 KINGPOINTE PKWY
105
ORLANDO FL 32819

Mailing Address
7802 KINGPOINTE PKWY
105
ORLANDO FL 32819

2. Principal Place of Business

7802 KINGPOINTE PKWY

3. Mailing Address

P.O. BOX 690159

Suite, Apt. #, etc.

208-A

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO FL

Zip
32819

Country

USA

Zip
32869

Country
USA

4. FEI Number

59-3444104

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

DUARTE, BORBERTO R
446 WATER STREET
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name

LOPES, CLAUBER

Street Address (P.O. Box Number is Not Acceptable)

5512 SPRING RUN AVE

City

ORLANDO

FL

Zip Code

32819

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DUARTE, NORBERTO
446 WATER STREET
CELEBRATION FL 34747

☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CORREA-MACEDO, JOSE CARLOS
7468 UNIVERSAL BLVD
ORLANDO FL 32819

☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FERROIRA, NELCY D
7468 UNIVERSAL BVD
ORLANDO FL 32819

☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
LOPES, CLAUBER
7802 KINGPOINTE PARKWAY
ORLANDO FL 32819

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
5512 SPRING RUN AVE
ORLANDO FL 32819
☒ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Change** ☐ **Addition**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/03

Date

Daytime Phone #

CR2E034 (10/02)